Chapter 4 Listening/Experiencing Perspectives and the Quest for a Facilitating Responsiveness

James L. Fosshage, Ph.D.ⓘ

Owing to the ongoing paradigmatic shift from positivistic to relativistic science and, now for many, to hermeneutics, we view the psychoanalytic encounter, today, as consisting of two participants, with their respective subjectivities and perspectives, interactively influencing each other in their experience of themselves and of the other. We now describe the analytic relationship as an intersubjective field **(Stolorow, Brandchaft, and Atwood, 1987)**, a relational field **(Greenberg and Mitchell, 1983**; **Mitchell, 1988**), a mutual influence system (Sander, **1977**, **1985**; **Beebe, Jaffe, and Lachmann, 1992**), or, more recently, a dynamic, dyadic, intersubjective system **(Stolorow, 1995)**.

To view the analytic relationship as a complex interactive system **(Fosshage, 1995a)** requires a far-reaching reconceptualization of the analyst's activities of listening and responding. No longer is the analyst seen as an objective listener, but as a subjectively organizing perceiver of events. No longer is the analyst seen as a removed nonparticipant, but as an interactively influencing participant. No longer is the analyst seen

---

This paper served as the center of focus for Panel III at the 18th Annual Conference on the Psychology of the Self, San Francisco, October 22, 1995. Morton Shane was the Chair; Howard Bacal and Paul Ornstein were the discussants.

as a mere observer of transference, but as a variable co-determiner of transference. No longer is the analyst seen as anonymous, but as a perceived and palpable presence. No longer is the analyst seen as striving to be abstinent, but as attempting to be facilitatively engaged and responsive. No longer is the analyst seen as solely an interpreter, but as a responsive person who interprets. No longer is the analyst seen as totally neutral, but as intricately involved in attempting to help the patient.

In an effort to contribute to this ongoing reconceptualization, I wish to: (1) delineate two listening/experiencing stances and their use in facilitating analytic work; (2) briefly address the expanded range of the analyst's responses and the striving for facilitating responsiveness; and (3) examine the distinction between "selfobject relatedness" and "inter-subjective relatedness" and its relationship to the two listening perspectives, as a guideline for an analyst's responsiveness.

I will begin my discussion of listening perspectives and the quest for facilitating responsiveness with a clinical vignette. J was a highly articulate, good-looking man in his mid-forties who had recently suffered a mild heart attack. The heart attack precipitated his seeking psychoanalytic treatment, for it had brought into bold relief his dissatisfaction with himself and his life, specifically that he was not living at an emotionally deep level. He described how he often felt as if he were performing and not fully present. There were those rare moments of freedom, primarily on treks away from New York, when he felt more fully himself. He had never married, and the heart attack intensified his desires for an intimate relationship and a family. He had dated one woman on and off for the past 6 years but could not bring himself to marry her because the relationship seemed lifeless. He kept searching for the perfect woman with whom he could sustain a passionate engagement. Similarly, while successful in a variety of career pursuits, he often found himself, after the initial excitement of a new career endeavor, becoming bored in what felt like monotonous work. He envied those who were able to sustain a meaningful involvement in their work.

J's parents, coming from an aristocratic European background, worked tirelessly in the father's professional business in New York City. Apart from his father's frightening violent rages, primarily aimed toward J's older siblings, especially his brother, the atmosphere was formal and unemotional, even "deadly." The sterility of the home environment was sharply etched in a model scene **(Lichtenberg, Lachmann, and Fosshage, 1992)** where J, as a boy, set up a fix-it shop in the doorway to his bedroom and waited longingly for hours for someone in his family to stop by and use it. Even in his attempt to connect through work, which had

- 34 -

premium value in his family, he failed to elicit the recognition and sense of importance he so desired.

The issue I wish to focus on is that J articulated with considerable urgency his search for lasting vitalizing involvement with a woman and his work. He often repeated this theme, conveying a sense that he was determined, yet totally stymied and frustrated, as to how to bring it about. I was aware of feeling moved by his impassioned expressions to feel more vitally alive and, on those occasions, found myself deeply engaged and speaking with a heightened intensity as well, spontaneously matching his affect level. In light of this, it took me initially by surprise when J first complained of my lack of emotion. He felt that I was too laid back, not passionate enough, and not really caring. As I reflected on the origins of J's experience, I thought that on occasion my moments of fatigue or laid back self-states could easily have contributed to his perception. I was also aware that, at certain times, J's routinized discussions and difficulty in being in touch with and expressive of affective experience had a deadening effect on me, a scenario that we gradually unraveled. I remained convinced, however, of my own intense emotional expressions to J that he seemed to miss and wondered about what the discrepancy in our subjective experiences meant.

While we were able to use, to a limited extent, the discrepancy in our subjective experiences (Wolf, 1988; Fosshage, 1994) to further explore the origins of J's experience, we noted, with far greater effectiveness, the discrepancy between *his* more frequent experience of me as emotionally "dead" with *his* occasional experience of me as passionate. We used this discrepancy in his experience of me to gradually identify his proneness to experience me as indifferent and "lifeless" based on a thematic experience with his parents. More specifically, it became clear that J wanted to impact me, wanted to feel that I cared. Yet his lacking just this sort of selfobject experience appeared to make it difficult for him to experience me in this manner and, on those occasions when he did, to be able to "hold onto" the experiences, for they seemed to drift into oblivion. Based on his lived experience and subsequent expectations of the affectless, noncaring other, he was, I believe, often unable to register expressions of my emotional involvement with him. And, in anticipating deadness, he often affectively shut down, which, in turn, contributed to a "deadening" of me. While we identified his experience of me as "emotionless" to be thematic by noting its frequent occurrence in other relationships, as well as its familial genesis, his contribution to his experience of me as lifeless could not be meaningfully addressed until he had an alternative experience of me. In order for us to create that needed alternative experience, I had to be sufficiently emotionally expressive so that J could feel that I was meaningfully engaged with

him, that he could impact me, and that he mattered. To talk about this did not suffice; words without sufficient affective expression were too pale and neither registered nor mattered.

To provide the requisite affective responsiveness cannot be considered simply a matter of technique. It involved, as Kohut **(1977)** suggested, an empathic resonance with J's feelings and strivings. Out of this empathic resonance I spoke with more intense affect, and J was able more often to experience me as alive, caring and emotionally engaged with him. While my affective responsiveness perhaps communicated understanding of his plight, it, in my view, provided (using John Lindon's term, **1994**) a specific needed responsiveness that enabled us to create together needed relational selfobject experience.[1]

Yet this new vitalizing experience was not sufficient, for J could not sustain a memory of these new experiences without establishing new memory categories (that is, new organizing patterns).[2] To facilitate the establishment of new categories of experience, we noted the contrast between these new experiences and his "older" thematic expectations. I also attempted to help J gain and maintain a perspective on his patterned view of the other as lifeless through closely tracking his experience, specifically what followed ongoing selfobject experience and what precipitated ruptures.[3] We discovered that the older and more firmly rooted view of the lifeless other, offering a cohesive sense of familiarity, easily reemerged and usurped psychic space, diminishing his hope for needed responsiveness. Another route to his feeling lifeless, we discovered, focused on J's protective retreat from experiencing and expressing his feelings for fear of the retaliatory "father," for fear that he would be hurtful (like father), and for fear that his feelings would not be responded to (dread of the repetition of the past, **Ornstein, 1974**).

With this illustration in mind, I offer a synopsis of what I believe were the facilitative treatment features. The analysis of the transference and the analyst's sufficient responsiveness to selfobject needs *combined* to create needed self-enhancing relational experiences. These needed

───────────────────────────

[1] I use the term *relational selfobject experience* to refer to vitalizing attachment experiences. Kohut's mirroring, idealizing, and twinship selfobject experiences all occur within the attachment arena. Lichtenberg et al. **(1992)** posit that selfobject experience can occur in any one of our proposed five motivational arenas. For example, cognitive mastery can be a vitalizing (selfobject) experience. See later discussion for further explication.

[2] The psychoanalytic concept of organizing patterns, originally borrowed from Piaget's work on cognitive schemas, gains further validation in its correspondence with procedural memories in cognitive psychology and with neural memory networks in neurophysiology.

[3] The "patterned view of the other" is frequently viewed as J's projection of his "lifelessness" onto the other, thereby overlooking his schemas of the other. Both his view of the other as lifeless and his own lifelessness had to be addressed in the analysis.

experiences, in turn, gradually led to expectations of responsivity and to the establishment of new and more vitalizing percepts of self, other, and self-with-other. More specifically, the analysis of the transference involved two central parts. First, we were able to identify and interpret through *empathic inquiry* the repetitive organizing pattern of the "lifeless" and deadened other. Through my "deadened" experience as the other, using the *other-centered listening stance* (to be delineated), we were able to observe (interpret) the impact of this organizing pattern on his relationships. Second, through empathic inquiry, we were able to create an analytic ambiance **(Wolf, 1988)** of safety, acknowledgment, and understanding that facilitated his expression of his determined search for the developmentally requisite mirroring selfobject experience. In response to these relational selfobject needs, I became, through affect resonance and role responsiveness (**Sandler, 1976**; **Lichtenberg et al., 1992**), more emotionally expressive and affirming to enable us to create together the needed selfobject experience. In other words, my interpretation (understanding and explaining) of the transference served both to expand awareness and to provide interactionally a needed mirroring response. Additional responsiveness to J's striving for needed mirroring selfobject experience, however, was required.[4] And now to our theoretical topic at hand.

The Analyst's Listening/Experiencing Perspectives

Freud **(1911-1915)** described that the analyst needs to listen to an analysand with an "evenly hovering attention," which, in Anna Freud's **(1936)** words, is "equidistant from id, ego and superego." The task was to hear "objectively" and "neutrally" the latent content embedded in an analysand's associations. Epistemologically framed within the positivistic science of the day, the analyst was viewed as an objective observer, able to decipher the true unconscious meanings of the analysand's articulations.

Relativistic science subsequently clarified that (1) an analyst's observations are shaped not only by the patient, but also by the analyst, and (2)

———————————

[4] Several reviewers of this paper suggested that the focus on needed responsiveness, rather than on interpretation, renders the process to be no longer psychoanalytic. The reviewers' comments, I believe, emanate from a combination of an intrapsychic emphasis (that is, insight) in understanding therapeutic action and an "objectivist" position in which interpretation is viewed neither as a particular type of responsiveness nor as an inherent ingredient of the analytic interaction. In contrast, I view that interpretation is one very important ingredient of a facilitating responsiveness.

- 37 -

there are two perspectives in the analytic arena, neither of which is "objective." In response to this shift, Kohut **(1959)**, updating psychoanalytic epistemology, formulated and recommended the consistent use of what he called the empathic mode of observation. When using the empathic mode, the analyst's task is to hear and to understand the analysand's experience from within the analysand's perspective, recognizing that the analyst still shapes, more or less, what is heard. While all analysts variably use the empathic mode of perception, self psychologists, following Kohut, stipulate that we need to listen consistently from within the patient's perspective.

All psychoanalysts aim to understand the patient's subjective experience. The use of the empathic mode of perception is primary in that pursuit, yet questions emerge. How do analysts *experientially* listen? Are there other viable ways of gathering data in the psychoanalytic enterprise? And on the basis of what listening stance or stances do we inquire and explore?

I have previously proposed that analysts can shift experientially between two principal listening vantage points **(Fosshage, 1995b)**.5 An analyst can resonate with the patient's affect and experience from within the patient's vantage point, the *empathic mode of perception* (what I also call the subject-centered listening perspective)—self psychology's emphasis. An analyst can also experience the patient from the vantage point of the other person (in this case, the analyst) in a relationship with the patient, what I call the *other-centered listening perspective* (also referred to as "as-the-other" listening stance), frequently an emphasis in object relations and interpersonal approaches. While both listening/ experiencing modes are variably shaped by the analyst's subjectivity (including the analyst's theories), the other-centered mode, frequently being less near to the patient's immediate experience, potentially lends itself to more idiosyncratic shaping by the analyst. When an analyst inquires as to a patient's feeling about a transaction that occurred in the analysis, the analyst is attempting to hear the patient's perspective, the empathic or subject-centered mode. When we view patients, for example, as seductive, controlling, humorous, or sensitive (or Anna **Ornstein's, 1984**, description, at the same conference, of her patient's "feel-sorry-for-me posture"), we are listening and experiencing the patient as the other in a relationship with the patient, the other-centered perspective. When we listen, for example, to so-called extra-analytic

---

5 Lichtenberg **(1984)** delineated three different listening stances: the outside observer, an interested companion, and a listener within. I believe that the first two stances entail the use of a combination of the two principal listening perspectives proposed here (see Fosshage, **1995b**, p. **382**).

- 38 -

situations, we make assessments not in an "objective" fashion, but through oscillating from the within and as-the-other perspectives with both the patient and the other person to decipher what is occurring.

I have proposed that in psychoanalysis the empathic and other-centered stances are the two principal methods of listening to our analysands' experiences and that important data are gathered through each listening stance. While it is primary and crucial to understand from within the patient's perspective, listening as the other in a relationship with the patient (keeping in mind our variable shaping of our experience) adds important data to understand how the patient tends to construct relationships. *While we cannot safely infer motivation on the basis of the effects on others, the effects on others can inform us about relational scenarios.* In oscillating between these two listening/ experiencing perspectives, an analyst can learn more about the patient's self and self-with-other experience. With J, for example, I learned about his fear and experience of deadness in relationships through empathic inquiry. I learned through my experience as the other in a relationship with J about how J, through his aversiveness to affect, currently contributed to the deadness of the other that he readily experienced in his relationships. The data gathered through each listening/experiencing stance were used interpretively to provide a more comprehensive understanding of J and his relationships.

When self needs are in the foreground, the empathic mode in its singular focus on a patient's self-experience is facilitative of self-cohesion. When a patient shifts to self-with-other concerns, listening and experiencing as the other in a relationship with the patient—the other-centered perspective—can provide needed information about a patient's relational experience. This other-centered information involves how a patient contributes to his relational experience, not only through his organization of experience, but also through his impact on others. While a patient who primarily needs a mirroring experience can easily be thrown into self-disequilibrium by the intrusion of the analyst's remarks based on the other-centered perspective, to remain exclusively in the empathic mode of listening can result in depriving a patient of information needed to understand his relational experience.

The Analyst's Responses

Apart from exploratory questions, Freud designated interpretations to be the principal form of intervention, for the aim of interpretation is to bring about insight, the principal change agent within the classical model. In contrast, Ferenczi began a long lineage, developed in British object relations and here in the various relational approaches, of emphasizing

- 39 -

the relational experience as being central to the therapeutic action in psychoanalysis (**Friedman, 1978**; **Gill, 1994**). From an interactive systems perspective, a patient's relational experience more comprehensively encompasses the complexity of the interaction within the analytic situation and includes, but is not limited to, the expansion of awareness or insight. Emphasis on a patient's relational experience that is co-created by patient and analyst, in turn, opens the door to recognizing the broad range of analysts' responses. Let us follow the development within self psychology.

True to his classical roots, Kohut viewed interpretation as the principal form of intervention. In the 1970s and 1980s Kohut and many self psychologists recommended that we interpret selfobject needs, not "gratify" them (see **Goldberg, 1978**). As a legacy of classical theory, this dichotomy between "gratifying" (i.e., responding to) or interpreting selfobject needs (i.e., to understand and explain the patient's selfobject needs) was created, and interpretation became, for a number of years, in self psychology the singular acceptable analytic intervention. Ironically, interpretation, in this formulation, still carried remnants of positivistic purity. Viewing interpretation as "objective" obfuscated that it was a response of the analyst (**Gill, 1994**; **Namnum, 1976**) that could "gratify" selfobject needs (**Bacal, 1985**; **Terman, 1988**; **Fosshage, 1995a**).

Yet Kohut, in concurrence with Ferenczi **(1932)**, Alexander **(1956)**, Fairbairn **(1958)**, Winnicott **(1965)**, Balint **(1968)**, and Guntrip **(1968)** among the most notable, recognized that interpretation alone is insufficient. An analyst cannot be a computer, using Kohut's language **(1977)**, but must be engaged at the deeper levels of his or her personality. An analyst must be sufficiently responsive (akin to **Winnicott's, 1965**, notions of a "good enough mother" and of a "facilitating environment") to enable the analysand to make use of the analyst for developmental and regulatory purposes. A patient, for example, may need his analyst to be sufficiently affirming to establish a positive sense of self. Kohut **(1977)** called this modulated responsiveness the "average expectable empathic responsiveness" (pp. 252-261) or, more simply, "empathic responsiveness." By empathic responsiveness, he was referring to an analyst's human warmth and emotional responsiveness emanating from a deep involvement in working analytically from an empathic perspective.

Kohut never deviated from the importance of interpretative work, yet, when considering therapeutic action, the center of gravity gradually shifted away from insight, the product of interpretation, to self-development occurring within the "self-selfobject" matrix of the analytic relationship. Kohut **(1984)**, in his last book, suggested that change does not take place in the cognitive sphere per se, but occurs principally through

the emergence of selfobject needs in the transference and the reparation through interpretation of the inevitable and optimally frustrating selfobject ruptures. While reparation of selfobject ruptures was the principal route to self-development, he also included (although mentioning it only once in his last book) ongoing selfobject experience within the analytic relationship as structure producing. To use Kohut's **(1984)** words, "[the analyst's] on the whole adequately maintained understanding leads to the patient's increasing realization that, contrary to his experiences in childhood, the sustaining echo of empathic resonance is indeed available in this world" (p. **78**). In the following paragraph, Kohut responded to the anticipated "ill-disposed critic" of calling this process a "corrective emotional experience" with an unabashed acceptance, "So be it" (p. **78**).

It is this internalization of the ongoing selfobject tie that Marian Tolpin **(1983)** and this repetitive "experience of the analyst-as-understanding" that Terman **(1988)** subsequently emphasized as structure building. And emerging out of infant research, Beebe and Lachmann **(1994)** conclude that the most salient avenue of structure building observed in the infant—caregiver dyad is that of ongoing regulations, that is, the characteristic patterns of regulatory interactions. Thus, from Kohut's emphasis on rupture, optimal frustration, and repair, our model of analytic change is shifting to an emphasis and focus on the patterns of regulatory interactions, of which rupture and repair is only one, and not necessarily the most important, that occurs in the analytic relationship. Examples of regulatory interactions (in this instance, regulatory for the patient) that, through their consistency, typically (depending on their meaning to a patient) facilitate analysis and a patient's development include (1) the implicit affirmation inherent in an analyst's concentrated listening and interest in a patient's experience, (2) the patient's self-empowering experience of impacting the analyst, (3) the calm and safe ambiance of an analytic relationship, (4) the mutual self-reflection, (5) the validation of a patient's experience, (6) the experience of the analyst-as-understanding, (7) the analyst's interpreting that expands awareness, (8) the patient's efficacy experience of change, and (9) the analyst's efforts to help the patient by offering a fundamental underpinning of emotional support.

While sustained empathic understanding and explanation was primary for Kohut's theory of therapeutic action, his reference to the ongoing selfobject experience within the analytic relationship as having curative value opened the door in our theory of technique to include a broad range of interventions (**Bacal and Newman, 1990**; **Fosshage, 1991**) that facilitate selfobject experience. For example, Kohut conceived of a developmental line of empathy in which the analyst's response needs to

be attuned to the patient's varying and progressive capacity for experiencing empathy, from the need for physical touch to experience a holding environment, to the capacity to use words metaphorically to create the same environment. Thus, physical touch, judiciously used, might be required to provide the necessary empathic connection. In Kohut's **(1981)** last address, he described a now well-known case of offering his two fingers to be held by his deeply depressed patient to create the needed selfobject experience. While Kohut posits a line of development for empathy, the range of responses required for empathic contact at any given moment, in my judgement, can vary considerably for each individual, depending on stressors and variable self-states.

These theoretical shifts, namely, (1) extricating ourselves from classical theory and the notion of gratification as encumbering, (2) recognizing that analytic cure does not occur solely in the cognitive sphere (i.e., the meaning and power of insight is anchored within the analytic relationship), and (3) increasingly emphasizing the curative importance of needed relational selfobject experience, have gradually broadened the view of the analyst's activity beyond the bounds of exploration and interpretation. These shifts have enabled us to recognize the analyst's complex involvement in the analytic relationship. These movements within self psychology have reciprocally influenced and been influenced by developments within relational approaches to psychoanalysis at large (**Greenberg and Mitchell, 1983**; **Mitchell, 1988**; **Skolnick and Warshaw, 1992**; Fosshage, **1992**, **1995a**).

A new term was needed that would better capture and help us to conceptualize the broad range of the analyst's activity, specifically the analyst's responsiveness that facilitates self-development. In keeping with Kohut's terminology, Anna and Paul Ornstein **(1984)** use the term *empathic responsiveness*, which they describe as "when our listening position is taken up in the center of the patient's subjective world … and we make the effort to register, accept, understand, explain and communicate the meaning of his thoughts and feelings" (p. 7). In anchoring an analyst's responses solely within the empathic mode, "empathic responsiveness," however, does not highlight those facilitative interventions that are based on the other-centered listening stance. While one could argue that interventions using other-centered data must be anchored within an empathic grasp of the patient to be facilitative, clinically these interventions are emanating from a different listening vantage point, which, in my judgement, cannot be properly housed under the rubric of empathic responsiveness. Moreover, is the description of "understanding, explaining and communicating the meanings of the patient's thoughts and feelings" sufficiently inclusive to adequately explain all of an analyst's facilitative actions that occur in the analytic

encounter (a topic that I will address in more detail)? And lastly, as pointed out by Brandchaft **(1988)**, there has also been a tendency, beginning with Kohut, to conflate two usages of the term *empathy*, using it to refer to a listening mode and a particular type of intervention. These two usages have created considerable confusion as to what is meant by *empathy*. (In response to this need for a terminological distinction, **Stolorow, 1993**, has suggested, more recently, the terms *empathic inquiry* and *affective responsiveness* [similar to **P. Tolpin's, 1988**, optimal affective engagement] to demarcate an investigatory stance and a type of an analyst's response, respectively. While affective responsiveness specifies a certain kind of response, it is not meant to and cannot be a rubric that houses all interventions.)

To capture the broad range of analysts' responses, Howard Bacal **(1985)** has provided us with a more inclusive term, optimal responsiveness. As an over-arching rubric, optimal responsiveness has subsequently gained considerable currency within self psychology and served as the topic of focus in Morton Shane and Estelle Shane's presentation at the 1994 Self Psychology Conference.

In **1985** Bacal broadly defines optimal responsiveness "as the responsivity of the analyst that is therapeutically most relevant at any particular moment in the context of a particular patient and his illness" (p. **202**). Bacal, like the Ornsteins, initially emphasized in his description of optimal responsiveness "the therapist's acts of communicating his understanding to his patient" (p. **202**). Yet interpretation, for Bacal, is only one form of communicating understanding to a patient and not necessarily the most therapeutic. Expanding the interactive avenues for communicating understanding, Bacal notes that, frequently, a patient requires some noninterpretive action to feel understood. He **(1988)** has aptly described this as the patient saying to the analyst, "Be who I need you to be; don't just interpret it."

For example, I recall in a session over 20 years ago that I was making an interpretation and was priding myself over what I thought to be a particularly astute formulation. When I finished, my patient said, "Oh Jim, your words are so soft and comforting, just pour them over me." It was the affective tone of my words, not the content, that carried the day. Unless my patient was defending against, which I did not feel to be the case, the rather remarkable "insight" I thought I was presenting, we could say that I, inadvertently, was able to be in action what my patient needed—probably intuitively regulating my vocal tonality in keeping with her need for soothing and comfort.

When an analyst is who a patient needs him to be, is communication of understanding the basis of therapeutic action? Understanding involves the analyst's interest, acknowledgment, validation, and acceptance of

- 43 -

the patient's experience and, on occasion, an explanation that expands awareness. While communication of understanding is central to the analytic process and therapeutic action, it falls short, in my view, in capturing the full range of what patients seek and developmentally need. For J, my more intense engagement and heightened affect may have conveyed my understanding to him about his need for others to be emotionally present. More importantly, however, my actions significantly contributed to a developmentally needed relational experience. While in such instances understanding of the patient may serve as the basis for an analyst's action, understanding is a background feature for both patient and analyst in the action itself. Similarly, when an anxious patient is in need of a calm, protective person, an analyst's calm and soothing attitude conveys more than understanding—in Lindon's **(1994)** terminology, the analyst's attitude "provides" the responsiveness needed for the patient to self-regulate.

In a similar vein, when an analyst provides an educative response, for example, helping the patient to deal with an eating problem, a sleep irregularity, or a work situation, the analyst's response to be facilitative must be based on an accurate understanding of the patient's immediate needs, capacities, and meanings but is far more than just a communication of understanding. In these instances the communication of understanding is more a background experience; the foreground experience is the direct help and responsiveness to the management of these issues (**Frank, 1993**; Lichtenberg et al., **1992**, **1996**).

Perhaps in response to such considerations, Bacal **(1990)** importantly both broadened and particularized his concept of optimal responsiveness as "the therapist's acts of communicating to his patient in ways that that particular patient experiences as usable for the cohesion, strengthening, and growth of his self" (p. **361**). In other words, optimal responsiveness refers to the therapist's responses that facilitate a patient's selfobject experience and, therein, encompasses the Ornsteins' "empathic responsiveness," Paul Tolpin's **(1988)** "optimal affective engagement," Stolorow et al.'s **(1987)** "affective responsiveness," Lindon's **(1994)** "optimal provision," and the Shanes' **(1994)** "optimal restraint."

For an example, let us consider Kohut's **(1984)** well-known example of a "confrontative" intervention. In the third year of treatment, his analysand, a psychiatric resident who often drove "like a bat out of hell" (p. **74**), was describing with anger and "a trace of challenging arrogance" his having received a speeding ticket. After forewarning him that he was going to give him the deepest interpretation yet, Kohut said firmly: "You are a complete idiot" (p. **74**). After a second of silence, "the patient burst into a warm and friendly laughter and relaxed visibly on the couch" (p. **74**). Why was this intervention facilitative? You will

recall that the patient had been viewed as the genius in his family, causing his father to pull away and form an alliance with the elder brother. Kohut's "confrontation," I believe, provided a needed relational experience wherein Kohut, as a caring father, was not intimidated and avoidant of this man's superior attitude and braggadocio, but was able to take the patient on man-to-man. Perhaps Kohut's comment implicitly conveyed an understanding that the patient needed an involved father, but, more importantly, Kohut, through his comment was, in action, "as the patient needed him to be," in creating a developmentally requisite relational experience.[6]

With optimal responsiveness occurring within a dyadic interactional system, optimal is unique to each dyad and must take into account both patient and analyst. While optimal responsiveness captures well those particularly poignant situations when there is, indeed, a singular optimal response, that is, that no other response would do quite as well (Hazel Ipp, personal communication), "optimal," as pointed out at last year's conference by the Shanes **(1994)**, Doctors **(1994)**, and Kindler **(1994)**, implies that there is a best response for each situation. In the majority of encounters, a number of responses could probably be equally facilitative, and even a broader range of responses could be variably facilitative. To suggest that there is one best response potentially places an added burden on the clinician, a burden that could encumber flexibility and spontaneity required in the analytic situation. I therefore propose the term *facilitative responsiveness* (borrowing from Winnicott's "facilitating environment"), which would include those special situations requiring a particular optimal response.[7]

What is it that we wish to facilitate in treatment? Bacal's **(1990)** answer is anchored in self psychology in that a response is optimal if the patient experiences it "as usable for the cohesion, strengthening and growth of his self" (p. **361**). While I concur with this general goal, Lichtenberg et al. **(1992)** have recently posited a further specification of psychoanalytic goals.

We have conceptualized three fundamental goals for analytic treatment: a shared expansion of awareness, self-righting, and symbolic

_____

6 Bacal **(1995)** independently arrived at a very similar conclusion (p. **358**).

7 While optimal responsiveness addresses the broad range of the analyst's responses that occur in the analytic arena, the term has been criticized for underplaying initiative and for implying a one-way influence model. While the points are well taken from today's systems perspective, responsiveness does take into account the asymmetry of the analytic relationship in which the patient often takes the lead in action and focus. Perhaps a facilitating interaction more closely captures the complexity of a dyadic system. Regardless, we view the analytic system today as a complex interaction that involves far more than interpretation.

reorganization. The processes inherent in each goal are all interrelated. In psychoanalytic treatment we seek an expansion of awareness (through, for example, exploration and interpretation) that, in turn, gradually enables symbolic reorganization (that is, the establishment of new organizing patterns) that, in turn, facilitates self-righting (that is, regaining self-equilibrium or getting back on course developmentally). These processes may work in reverse order as well; namely, regaining self-equilibrium (perhaps through an analyst's implicit affirmation) can expand awareness—for example, of one's needs, expectations, and past experience—and incrementally add to symbolic reorganization. Thus, an analyst's response is facilitative if it contributes to these goals and there is a wide range of how facilitative a response might be.

Needs and Relatedness Involving Self, Self-With-Other, and Other

While self psychology has focused principally on selfobject needs, that is, the use of the other for self-regulatory purposes, the selfobject dimension of relatedness is only one dimension of relatedness (Stolorow, 1986; Shane and Shane, 1994). More recently, based on Stern's (1985) infant research and emanating from Winnicott's work (1965, 1971), there has been an emergent emphasis, both within and outside of self psychology, on the patient's need to relate to a separate other and to experience the other's subjectivity, what has been referred to as inter-subjective relatedness (Benjamin, 1988; Aron, 1991; Hoffman, 1992; Shane and Shane, 1994), subject-to-subject relatedness (Jacobs, in press), or, my term, self-with-other relatedness (Fosshage, 1995b).

Based on Kohut (1984), the Shanes (1994) describe selfobject relatedness as involving the sense of self in relation to a self-regulating other. For example, when a patient is feeling depleted and discouraged, the need for implicitly validating understanding from the other may come to the fore; that is, selfobject relatedness becomes paramount. In describing intersubjective relatedness the Shanes (1994) first quote Stern: "It is an interactive state of 'I know that you know that I know,' and 'I feel that you feel that I feel'" (p. 11). Emde's (1988) description follows, which I sense to be a progressively fuller interest in the other's subjectivity: "I care to know and feel all about us, about you, about me, and about our 'we-ness'" (p. 286). For example, on those occasions when a patient is feeling more solid, he may desire to encounter more fully the analyst's subjectivity.

One day, for example, when an analysand, who was in the field and savvy about these issues, sat down and somewhat humorously, but pointedly, exclaimed: "Jim, I am going to ask you a question. Enough of

this empathic shit, I want your opinion!" While I am aware that there are a number of ways of understanding this comment, I believe that she was addressing my proclivity (and, incidentally, hers when she functioned as an analyst) to understand from within her perspective. On this occasion, the patient desired input about herself from me as a person with a different subjectivity and perspective—input to be reflected on and considered. I, thus, gave her my opinion.

While Kohut and self psychologists have focused on empathic immersion, understanding from within the frame of reference of the patient, and its impact on self-consolidation, a number of object relational (e.g., **Winnicott, 1971**; **Modell, 1984**), relational (**Benjamin, 1988**; **Aron 1991**; **Hoffman, 1992**), and relational/self psychological (**Slavin and Kriegman, 1992**; **Fosshage, 1995b**; **Jacobs, in press**) psychoanalytic authors have focused on the developmental need of experiencing the analyst as a separate person with a distinct subjectivity. In discussing these issues, Slavin and Kriegman **(1992)** conclude: "We must, thus, clearly face the fact that an immersion in the patient's subjective world … must be complemented, at times, by what is, in effect, the open expression of the analyst's reality" (pp. 252-253).

While the distinction between selfobject and intersubjective relatedness is crucially important and offers considerable heuristic value to the clinician, it is not without conceptual problems that have significant clinical implications and, in my view, requires modification.

When, as an adult, an individual's motivation for attachment gains priority, attachment needs and forms of relatedness, in my view, are best conceptualized as ranging along a continuum involving self needs or concerns (what the Shanes call selfobject relatedness),[8] needs for or *concerns about self-with-other* (what the Shanes call intersubjective relatedness), and needs to focus on or concerns about the other. For example, in a state of self-fragility, self-concerns and the need for a mirroring or idealized other are in the forefront. In the mid-range of the continuum, when one is feeling more centered, concerns and desires about self-with-other will emerge, along with a mutuality and a different quality of intimacy. And at the other end of the continuum, a more exclusive focus on the concerns and subjectivity of the other has still another quality of relatedness that is more like a parent to a child, a teacher to a student, and a friend to a friend in need and is highlighted in Erikson's **(1959)** stage of generativity. Yet who the other is and what

_____

[8] Self needs, in a broad sense, traverse the whole continuum of needs, concerns, and relatedness. Yet, when I refer to self needs here more narrowly, I am designating when one's sense of self and its regulation are in the forefront of experience and involves, more poignantly, the mirroring, idealizing, and twinship selfobject needs that Kohut delineated.

the other's subjectivity is are important throughout the entire range of self, self-with-other, and other concerns—it is a matter of degree and of focus. On those occasions when we are feeling vulnerable—for example, an important decision is about to be made—and self-concerns are in the foreground, the opinion of the other may be sought out to expand one's awareness (the self-with-other dimension) and to shore up the self (the selfobject dimension). Even when one's self concerns and the need for mirroring are in the forefront, it matters who the other is and what the nature of the other's subjectivity is—for example, how important is he or she to us and does the person like us or not?

Each experience of relatedness will tend to activate expectations and constructions based on lived experience. Thematic selfobject failures leave in their wake not only "deficits," that is, developmental impairments, but also problematic organizing patterns. Deficit theory (as Atwood, Brandchaft, and Stolorow, 1995, delineated at the same conference) tends to obscure our recognition of the formation of pathological structure. Viewing these concerns or forms of relatedness on a continuum and always emergent within an intersubjective matrix positions us clinically, as Stolorow, Brandchaft, and Atwood **(1987)** have stressed, to remain alert to the problematic organizing patterns that are triggered—a topic to which I will return.

When any of these various attachment needs are met, selfobject experience is generated. While we know well that an adequate response to a needed mirroring experience is vitalizing, to encounter another's subjectivity can also promote a selfobject experience. The so-called antagonistic or adversarial selfobject, as delineated by Wolf **(1980)** and Lachmann **(1986)**, is, for example, one type of vitalizing experience with an intersubjective other. And generative acts of parenting a child and guiding and helping another can be vitalizing and self-enhancing. Accordingly, to speak of selfobject relatedness does not capture the range of relatedness that can generate selfobject experience.

Part of the problem is related to the term *selfobject needs*, for it is used to refer to the use of the other for self-regulatory purposes. Kohut designated three types of selfobject needs, namely, mirroring, idealizing, and twinship needs. *Selfobject needs* refers solely to those needs that occur in the attachment arena and, in addition, does not directly address needs for "self-with-other" or "other" relatedness. Lichtenberg's **(1991)** phenomenologically based reconceptualization of selfobject as selfobject experience accounts for an expanded range of experience that can be vitalizing, self-enhancing, and generative of self-cohesion **(Lichtenberg et al., 1992)**. For example, selfobject experience may be generated through a mirroring or self-with-other encounter (in the attachment arena), through successful exploratory/assertive activity, through a sexual

experience, through physiological regulation, and so forth. In light of this expanded range of potential selfobject experience, it helps us in our clinical work to be specific about the needs, taking into consideration the whole range of attachment needs and related motivational priorities (**Lichtenberg, 1989**; **Lichtenberg et al., 1992**) when designating the type of selfobject experience sought after and generated.

Thus, I propose that, rather than conceptualizing two forms of relatedness, we view relatedness on a continuum, ranging from core self concerns, self-with-other concerns, and concerns about the other. While we could use the terms *selfobject* and *intersubjective relatedness* to demarcate two points on the relatedness continuum, the use of the term *selfobject* is confusing since experience along the entire continuum of relatedness can result in selfobject experience. Moreover, even in selfobject relatedness, there is some intersubjective relatedness. I propose, instead, that we refer to self concerns, self-with-other concerns and concerns with the other—or self, self-with-other, and other relatedness— keeping in mind that these are foreground—background phenomena.

What are the clinical implications of this relatedness continuum? Regardless of where a person's needs or concerns fall on the attachment or relatedness continuum, clinically it is important to address both the concerns and the organizing patterns that are concomitantly triggered. To think in terms of selfobject relatedness, I believe, tends to position us disadvantageously to think of impairment, deficit, and the use of the other solely for self-regulatory functions. It tends to obfuscate the intersubjective dimension and the personhood of the other **(Bacal and Newman, 1990)**. As a consequence, we are less prone to think of the problematic organizing patterns that were established as a result of thematic selfobject failure (**Brandchaft and Stolorow, 1990**; **Brandchaft, 1994**; Fosshage, this volume), what Brandchaft **(1994)** has more recently termed pathological accommodative structures. And, finally, when self-with-other relatedness emerges in the analytic relationship, the use of both listening perspectives will facilitate illuminating organizing patterns and their relational impact and will provide a fuller basis for needed interactive experience.

Clinical Vignette

I present the following brief clinical vignette to illustrate the interweaving of selfobject ruptures and problematic organizing patterns, self and self-with-other dimensions of relatedness, and the analyst's use of the two listening perspectives to enhance understanding. Several years ago I had begun psychoanalytic treatment with a woman who was extremely sensitive, perceptive, and reactive. She was quite labile in mood and prone to

- 49 -

fragile self-states. Easily feeling impinged upon, she experienced natural light in my office as painfully too bright, for which, at her request, I regularly adjusted the blinds. Both of her parents had been remarkably absent, with her mother often feeling overwhelmed. She had a prolonged incestuous relationship with her older brother and, when she would cry out to her mother for protection, her mother pushed her away with, "Leave me alone, you're killing me." She felt that her life had been saved by her previous analyst, who had been her first real caretaker. His move to another city unfortunately aborted treatment and forced her to find another analyst, a very painful process.

During a session toward the end of the first month that I wish to focus on, I experienced the room as uncomfortably warm and went to the window to adjust the ventilation. At the following session she related how upset she was with me for my getting up in the middle of the session, when she was talking, to stare out the window. Being taken aback by what, to me, was a very idiosyncratic perception and knowing that our capacity to share humor often helped her to regain perspective, I, in a somewhat humorous self-mocking vein, said, "The mark of a good analyst—get up in the middle of a session and stare out the window." In this instance, it was a misjudgment, for she was far too hurt with her particular framing of the event to join in. Instead, she felt invalidated and perhaps even ridiculed. Recapturing my empathic stance, I inquired about her experience when I had gone to the window (what **Lichtenberg et al., 1992**, call wearing the attributions). She had felt that I was uninterested in what she was saying. I reflected that her feeling that I went to stare out the window while she was talking and was uninterested in her understandably was quite hurtful to her. She appeared to feel better that I had heard, understood, and validated her experience, yet she was still consumed by the injury and her particular organization of the event. Clearly, she needed to be able to free herself from this particular pattern of experiencing the event in order to regain more fully her self-equilibrium. To that end, I inquired toward the end of the session if she would like to hear about my experience as to what prompted my going to the window. Possibly the use of the discrepancy of our experiences, I thought, would be useful in illuminating her view of the uninterested other and offering an alternative perspective. She declined.

In the following session 2 days later, she told me that she had not wanted to hear my point of view at the previous session and somewhat humorously, yet pointedly, remarked, "Jim, when I come into the room, just check your subjectivity at the door." I smiled and told her that I would try my best, although it could prove difficult on occasion. We then proceeded with her experience and were able to focus on how precarious she felt my interest in her was. At one point it dawned on me what

- 50 -

was occurring when she felt overwhelmed by my subjectivity, and I interpreted in a gentle manner, "I think I understand that when I do something suddenly, like go to the window, or bring my subjective viewpoint in here, that it feels like I am taking up all the space in here, that there is no room for you, for your thoughts and desires, and I sense that you must have felt just that way with your brother." She notably relaxed and acknowledged that she thought I was right. Shortly afterward, she smiled and said, "Now, you can let me know what was happening for you at the window." I then explained that I was uncomfortably warm, had assumed she was too and did not ask her, thinking that it would be more disruptive, and had adjusted the window to get more air. She smiled and felt reassured.

In light of the rupture and her fragile self-state, she needed me to hear and understand her feelings—self-relatedness was in the forefront. It was also crucially important to make sense out of her experience by illuminating the particular relational scenario or organizing pattern that had been triggered—an aspect of self-with-other relatedness—for her to feel fully understood and to enable her to restore self-equilibrium. So long as she framed the events as indicative of my disinterest in her, she surely would be unable to feel fully restored. My interpretation of the transference in the here and now, and its origins, was based on both listening stances, that is, on my empathic grasp of her experience of me and on my other-centered experience as the intrusive, overwhelming other in relationship with the patient. Following the interpretation, she felt, through a sense of being heard and understood, sufficiently consolidated to be able to relate self-with-other more fully and inquired about my experience. Airing the discrepancies in our experiences further illuminated her particular organization as well as served as a basis for the establishment of an alternative perspective.

Conclusion

In conclusion, the emergent contemporary view of the psychoanalytic arena that increasingly is gaining momentum and definition is of two people, patient and analyst, interactionally engaged in pursuit of fostering the patient's development. Patients enter treatment hoping for the requisite developmental experiences. They also enter treatment with problematic expectations based on thematic lived experience. Traditionally, analysis has focused on the repetitive transferences or, what is called from a contemporary perspective, problematic organizing patterns. Self psychology has contributed to our understanding that an analyst must be sufficiently available so that patient and analyst can find a way of creating the necessary developmental experiences. While

- 51 -

understanding and explaining the problematic transferential experiences provides one basis for needed experience, patients often require more poignant interactions with analysts to create needed relational selfobject experience. Even the analysis of transference requires experience with the analyst that contrasts with deeply embedded convictions about the nature of reality (that is, patterns of organization) in order to enable their illumination. Accordingly, the range of responses required of an analyst has expanded far beyond the bounds of exploration and interpretation and is more adequately captured by the terms facilitative or optimal responsiveness. I have proposed that the use of both empathic and other-centered listening perspectives enhances understanding of a patient and enables an analyst to relate more flexibly and facilitatively, depending on whether a patient's self, self-with-other, or other concerns have motivational priority. Based on this understanding, an analyst uses a complex and subtle tapestry of verbal and nonverbal responses to facilitate expansion of awareness, psychological reorganization, and self-righting.

References

Alexander, F. (1956), *Psychoanalysis and Psychotherapy*. New York: Norton.

Aron, L. (1991), The patient's experience of the analyst's subjectivity. *Psychoanal. Dial.*, 1:29-51. [→]

Bacal, H. (1985), Optimal responsiveness and the therapeutic process. In: *Progr. Self Psychol.*, Vol. 1, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 202-227. [→]

Bacal, H. (1988), Reflections on "optimum frustration." In: *Progr. Self Psychol.*, Vol. 4, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 127-131. [→]

Bacal, H. (1995), The essence of Kohut's work and progress of self psychology. *Psychoanal. Dial.*, 5:353-366. [→]

Bacal, H. (1990), The elements of a corrective selfobject experience. *Psychoanal. Inq.*, 10:347-372 [→]

Bacal, H. & Newman, K. (1990), *Theories of Object Relations*. New York: Columbia University Press.

Balint, M. (1968), *The Basic Fault*. London: Tavistock. [→]

Beebe, B., Jaffe, J. & Lachmann, F. (1992), A dyadic systems view of communication. In: *Relational Perspectives*, ed. N. Skolnick & S. Warshaw. Hillsdale, NJ: The Analytic Press, pp. 61-81.

Beebe, B. & Lachmann, F. (1994), Representation and internalization in infancy: three principles of salience. *Psychoanal. Psychol.*, 11:127-166. [→]

Benjamin, J. (1988), *The Bonds of Love*. New York: Pantheon Press. [→]

Brandchaft, B. (1988), Critical issues in regard to empathy. Presented at the 11th Annual Conference on the Psychology of the Self, Washington, DC, October 16.

Brandchaft, B. (1994), To free the spirit from its cell. In: *The Widening Scope of Self Psychology*, *Progr. Self Psychol.*, Vol. 10, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 209-230. [→]

Brandchaft, B. & Stolorow, R. (1990), Varieties of therapeutic alliance. *Annu. Psychoanal.*, 18:99-114. Hillsdale, NJ: The Analytic Press. [→]

Doctors, S. (1994), Notes on the contribution of the analyst's self-awareness to "optimal responsiveness." Presented at the 17th Annual Conference on the Psychology of the Self, Chicago, IL, October 21. [→]

Emde, R. N. (1988), Development terminable and interminable: 2. Recent psychoanalytic theory and therapeutic considerations. *Int. J. Psycho-Anal.*, 69:283-296. [→]

Erikson, E. (1959), *Identity and the Life Cycle*. New York: Norton.

Fairbairn, W. R. D. (1958), On the nature and aims of psycho-analytical treatment. *Int. J. Psycho-Anal.*, 39:374-385. [→]

Ferenczi, S. (1932), *The Clinical Diary of Sandor Ferenczi*, ed. J. Dupont. Cambridge, MA: Harvard University Press, 1988.

Fosshage, J. (1991), Beyond the basic rule. In: *The Evolution of Self Psychology*, *Progr. Self Psychol.*, Vol. 7, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 64-71. [→]

Fosshage, J. (1992), Self psychology: The self and its vicissitudes within a relational matrix. In: *Relational Perspectives in Psychoanalysis*, ed., N. Skolnick & S. Warshaw. Hillsdale, NJ: The Analytic Press, pp. 21-42.

Fosshage, J. (1994), Toward reconceptualizing transference: Theoretical and clinical considerations. *Int. J. Psycho-Anal.*, 75:265-280. [→]

Fosshage, J. (1995a), Interaction in psychoanalysis: A broadening horizon. *Psychoanal. Dial.*, 5:459-478. [→]

Fosshage, J. (1995b), Countertransference as the analyst's experience of the analysand: the influence of listening perspectives. *Psychoanal. Psychol.*, 12:375-391. [→]

Frank, K. A. (1993), Action, insight, and working through: Outlines of an integrative approach. *Psychoanal. Dial.*, 3:535-577. [→]

Freud, A. (1936), *The Ego and the Mechanisms of Defense*. New York: International Universities Press.

Freud, S. (1911-1915), Papers on technique. *Standard Edition*, 12:89-171. London: Hogarth Press, 1953.

Friedman, L. (1978), Trends in psychoanalytic theory of treatment. *Psychoanal. Q.*, 47:524-567. [→]

Gill, M. (1994), *Psychoanalysis in Transition*. Hillsdale, NJ: The Analytic Press.

Goldberg, A., ed. (1978), *The Psychology of the Self*. New York: International Universities Press.

Greenberg, J. & Mitchell, S. (1983), *Object Relations in Psychoanalytic Theory*. Cambridge, MA: Harvard University Press.

Guntrip, H. (1968), *Schizoid Phenomena, Object Relations and the Self*. London: Hogarth Press.

Hoffman, I. Z. (1992), Soome practical implications of a social-constructivist view of the psychoanalytic situation. *Psychoanal. Dial.*, 2:287-304. [→]

Jacobs, L. (in press), "Subject-subject relating": An example of optimal responsiveness in intersubjectivity theory. In: *Optimal Responsiveness*, ed. H. Bacal. Northvale, NJ: Aronson.

Kindler, A. (1994), Discussion for self psychology conference. Presented at the 17th Annual Conference on the Psychology of the Self, Chicago, IL, October 21.

Kohut, H. (1959), Introspection, empathy, and psychoanalysis. *J. Amer. Psychoanal. Assn.*, 7:459-483. [→]

Kohut, H. (1977), *The Restoration of the Self*. New York: International Universities Press.

Kohut, H. (1981), From the transcription of remarks presented by Heinz Kohut at the Conference on Self Psychology, Berkeley, CA, October. [Related→]

Kohut, H. (1984), *How Does Analysis Cure?* ed. A. Goldberg & P. Stepansky. Chicago: University of Chicago Press. [→]

Lachmann, F. (1986), Interpretation of psychic conflict and adversarial relationships: A self-psychoanalytic perspective. *Psychoanal. Psychol.*, 3:341-355. [→]

Lichtenberg, J. (1984), The empathic mode of perception and alternative vantage points for psychoanalytic work. In: *Empathy II*, ed. J. Lichtenberg, M. Bornstein & D. Silver. Hillsdale, NJ: The Analytic Press, pp. 113-136. [→]

Lichtenberg, J. (1989), *Psychoanalysis and Motivation*. Hillsdale, NJ: The Analytic Press.

Lichtenberg, J. (1991), What is a selfobject? *Psychoanal. Dial.*, 1:455-479. [→]

Lichtenberg, J. Lachmann, F. & Fosshage, J. (1992), *Self and Motivational Systems*. Hillsdale, NJ: The Analytic Press.

Lichtenberg, J. Lachmann, F. & Fosshage, J. (1996), *The Clinical Exchange*. Hillsdale, NJ: The Analytic Press. [→]

Lindon, J. (1994), Gratification and provision in psychoanalysis: Should we get rid of "the rule of abstinence?" *Psychoanal. Dial.*, 4:549-582. [→]

Mitchell, S. (1988), *Relational Concepts in Psychoanalysis*. New York: Basic Books.

Modell, A. (1984), *Psychoanalysis in a New Context*. New York: International Universities Press.

Namnum, A. (1976), Activity and personal involvement in psychoanalytic technique. *Bull. Mennin. Clinic.*, 40:105-117. [Related→]

Omstein, A. (1974), The dread to repeat and the new beginning. *Annu. Psychoanal.*, 2:231-248. Madison, CT: International Universities Press. [→]

Ornstein, A. & Ornstein, P. (1984), Empathy and the therapeutic dialogue. Presented at the Fifth Annual Psychotherapy Symposium on *"Psychotherapy: The Therapeutic Dialogue,"* Harvard University, The Cambridge Hospital, Boston, MA, June 28-30. [Related→]

Sander, L. (1977), The regulation of exchange in the infant—caretaker system and some aspects of the context-content relationship. In: *Interaction, Conversation, and the Development of Language*, ed. M. Lewis & L. Rosenblum. New York: Wiley, pp. 133-156.

Sander, L. (1985), Toward a logic of organization in psycho-biological development. In: *Biologic Response Styles*, ed. K. Klar & L. Siever. Washington, DC: American Psychiatric Press.

Sandler, J. (1976), Counter-transference and role-responsiveness. *Int. Rev. Psycho-Anal.*, 3:43-47. [→]

Shane, M. & Shane, E. (1994), Self psychology in search of the optimal: A consideration of optimal responsiveness, optimal provision, optimal gratification, and optimal restraint in the clinical situation. Presented at the 17th Annual Conference of the Psychology of the Self, Chicago, IL, October 21. [→]

Skolnick, N. & Warshaw, S. (1992), *Relational Perspectives in Psychoanalysis*. Hillsdale, NJ: The Analytic Press.

Slavin, M. & Kriegman, D. (1992), *The Adaptive Design of the Human Psyche*. New York: Guilford.

Stern, D. (1985), *The Interpersonal World of the Infant*. New York: Basic. [→]

Stolorow, R. (1986), On experiencing an object: A multidimensional

perspective. In: *Progr. Self Psychol.*, Vol. 2, ed. A. Goldberg. New York: Guilford, pp. 273-279. **[→]**

- 54 -

Stolorow, R. (1993), Thoughts on the nature and therapeutic action of psychoanalytic interpretation. In: *The Widening Scope of Self Psychology*, *Progr. Self Psychol.*, Vol. 9, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 31-43. [→]

Stolorow, R. (1995), Dynamic, dyadic, intersubjective systems: An evolving paradigm for psychoanalysis. Presented at the Division 39 spring meeting, Los Angeles. [→]

Stolorow, R. Brandchaft, B. & Atwood, G. (1987), *Psychoanalytic Treatment*. Hillsdale, NJ: The Analytic Press.

Terman, D. (1988), Optimum frustration: Structuralization and the therapeutic process. In: *Learning from Kohut*: *Progr. Self Psychol.*, Vol. 4, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 113-125. [→]

Tolpin, M. (1983), Corrective emotional experience: A self psychological revaluation. In: *The Future of Psychoanalysis*, ed. A. Goldberg. New York: International Universities Press, pp. 363-380. [Related→]

Tolpin, P. (1988), Optimal affective engagement: The analyst's role in therapy. In: *Learning from Kohut*, *Progr. Self Psychol.*, Vol. 4, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 160-168. [→]

Winnicott, D. W. (1965), *The Maturational Processes and the Facilitating Environment*. London: Hogarth Press. [→]

Winnicott, D. W. (1971), The use of an object and relating through identifications. In: *Playing and Reality*. Harmondsworth, U.K.: Penguin Books, 1974. [→]

Wolf, E. (1980), On the developmental line of selfobject relations. In: *Advances in Self Psychology*, ed. A. Goldberg. New York: International Universities Press, pp. 117-132.

Wolf, E. (1988), *Treating the Self*. New York: Guilford.

Article Citation [Who Cited This?]

Fosshage, J.L. (1997). Chapter 4 Listening/Experiencing Perspectives and the Quest for a Facilitating Responsiveness. *Progr. Self Psychol.*, 13:33-55

PEP-Web Copyright

Copyright. The PEP-Web Archive is protected by United States copyright laws and international treaty provisions.

1. All copyright (electronic and other) of the text, images, and photographs of the publications appearing on PEP-Web is retained by the original publishers of the Journals, Books, and Videos. Saving the exceptions noted below, no portion of any of the text, images, photographs, or videos may be reproduced or stored in any form without prior permission of the Copyright owners.

2. Authorized Uses. Authorized Users may make all use of the Licensed Materials as is consistent with the Fair Use Provisions of United States and international law. Nothing in this Agreement is intended to limit in any way whatsoever any Authorized User's rights under the Fair Use provisions of United States or international law to use the Licensed Materials.

3. During the term of any subscription the Licensed Materials may be used for purposes of research, education or other non-commercial use as follows:

    a. Digitally Copy. Authorized Users may download and digitally copy a reasonable portion of the Licensed Materials for their own use only.

    b. Print Copy. Authorized Users may print (one copy per user) reasonable potions of the Licensed Materials for their own use only.

Copyright Warranty. Licensor warrants that it has the right to license the rights granted under this Agreement to use Licensed Materials, that it has obtained any and all necessary permissions from third parties to license the Licensed Materials, and that use of the Licensed Materials by Authorized Users in accordance with the terms of this Agreement shall not infringe the copyright of any third party. The Licensor shall indemnify and hold Licensee and Authorized Users harmless for any losses, claims, damages, awards, penalties, or injuries incurred, including reasonable attorney's fees, which arise from any claim by any third party of an alleged infringement of copyright or any other property right arising out of the use of the Licensed Materials by the Licensee or any Authorized User in accordance with the terms of this Agreement. This indemnity shall survive the termination of this agreement. NO LIMITATION OF LIABILITY SET FORTH ELSEWHERE IN THIS AGREEMENT IS APPLICABLE TO THIS INDEMNIFICATION.

Commercial reproduction. No purchaser or user shall use any portion of the contents of PEP-Web in any form of commercial exploitation, including, but not limited to, commercial print or broadcast media, and no purchaser or user shall reproduce it as its own any material contained herein.